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In Memoriam

CHARLES BARRETT LOCKWOOD

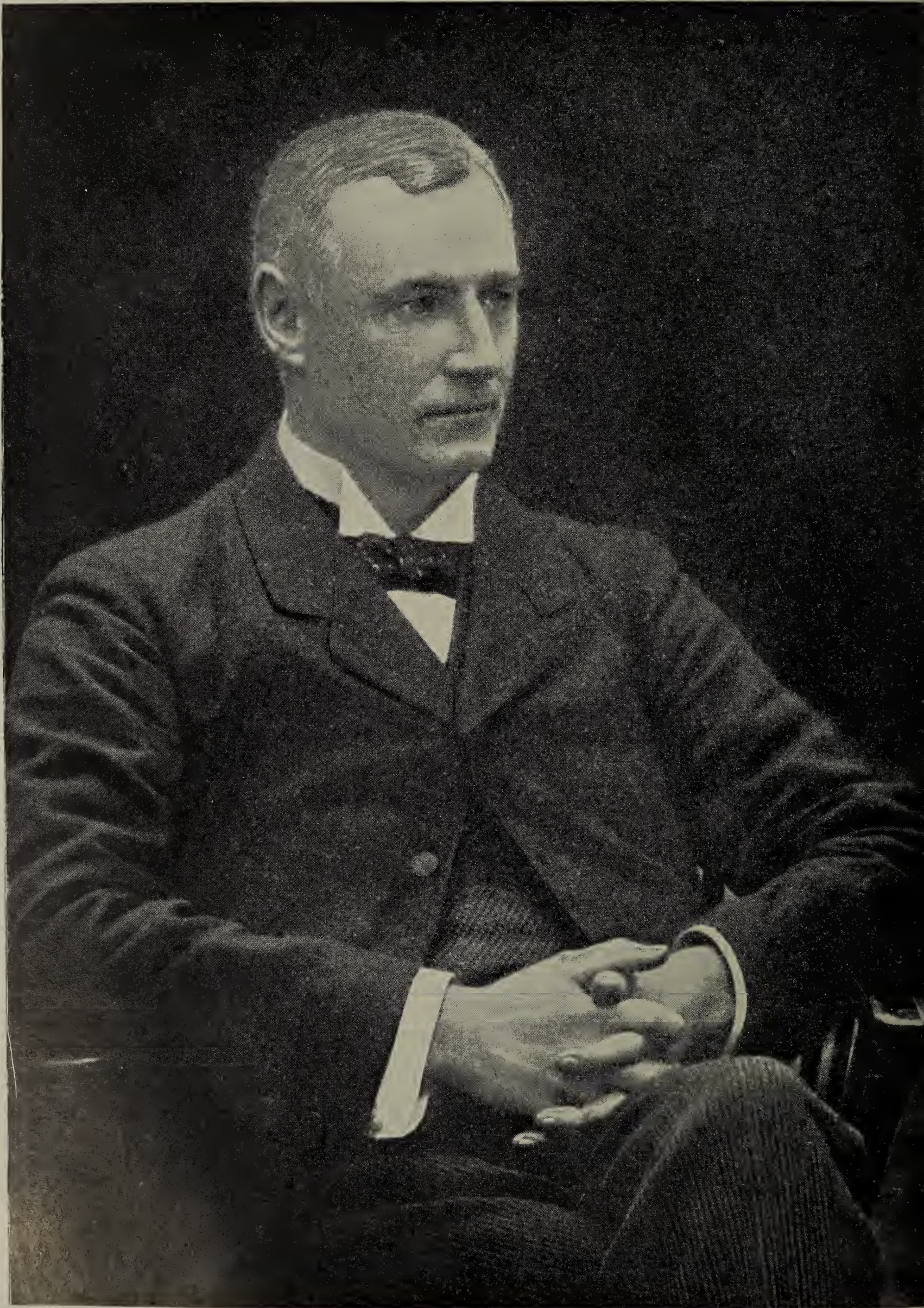
1856-1914

BY

W. H. H. J.

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CHARLES BARRETT LOCKWOOD

SAINT BARTHOLOMEW'S HOSPITAL REPORTS

PART II

In Memoriam

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1856-1914

FOR the second time during the last few years we have had the great misfortune to lose one of our Surgical Staff from septic infection, incurred during the pursuit of his profession. In Lockwood's case the occurrence was especially tragic, as he had devoted so great a portion of his life to the study of aseptic surgery. As usual bestowing every care and detail on a patient suffering from streptococcal peritonitis, he unfortunately pricked his finger putting in almost the last stitch, and septicæmia ensued.

Charles Barrett Lockwood was born at Stockton-on-Tees in 1856, and was the third son of Mr. George Lockwood, a ship-builder. His father was a clever, genial Yorkshireman, and Lockwood inherited from his mother—an amateur marine water-colour artist—his artistic tastes, and from both his love of the sea.

He was a bright, good-looking, intelligent boy, with his head screwed on the right way, and, as one of his oldest friends says, "he never had a bad opinion of himself or of his talents." He was educated at the Stockton Grammar School and at Bramham School.

After leaving school he spent some short time with a well-known firm of surgeons in Stockton (Richardson and Tarleton), and struck up a great friendship with Mr. Tarleton (an old Barts. man), who was Surgeon to the Stockton Hospital and to several large iron works in the district. By this means he was enabled to see a great amount of operative surgery, and afterwards spent most of his vacations at the Hospital or in visiting

patients. He was allowed to do minor operations, learnt dispensing, and attended Midwifery at the Union Infirmary.

In 1874 he entered as a student at St. Bartholomew's Hospital, and, except for a short House Surgeoncy at the Lock Hospital, was actively attached to it till his retirement in 1912.

As a student he was known as a very hard worker, and a diligent seeker after truth; he could concentrate his mind on any point, however small, and never cease till he had increased knowledge on it. This detail knowledge was combined with original theories. One of his student friends who shared rooms with him says that he was the best of friends, but always reminded him of the quotation, "whom he loveth he chasteneth." Also that one was never in his company for more than a few minutes without learning something.

In the dissecting room as a student he was celebrated for the neatness, care, and excellence of his dissections. He was Prosector of Anatomy to the Lecturers on Anatomy, having taken the second place in the Junior Practical Anatomy Examination of his year.

He dressed for Mr. Holden, the Senior Surgeon, who always delighted in a dresser with anatomical knowledge, and he formed a firm friendship with Mr. Willett, who was Senior Assistant Surgeon.

Lockwood took the diploma of M.R.C.S. in 1878 and the F.R.C.S. in 1881. Soon after qualifying he became House Surgeon to the Dean Street Lock Hospital. Here he employed his spare time in working for the F.R.C.S. examination and in coaching in Anatomy; he attended the surgical practice at St. Bartholomew's, and also found time to write his first paper, "On Measurements of the Male Urethra."

His first appointment at our Hospital was Assistant Resident Anæsthetist in September 1879, a post held till he became House Surgeon to Mr. Willett in October 1880. Like all Mr. Willett's House Surgeons, he appreciated to the full, and was greatly influenced by, the strength of purpose, strong personality, and high surgical skill of his chief. Appointments quickly followed one another after this, and in February 1881 he had to give up the House Surgeoncy to fill his first teaching post as Assistant Demonstrator of Anatomy. In October 1881, owing to the very large entry of students, it was decided to have three Demonstrators of Anatomy, and Lockwood was appointed Demonstrator of Practical Anatomy and Operative Surgery; his colleagues were W. Bruce Clarke and F. S. Edwards.

In 1889 he became Senior Demonstrator of Anatomy on the

retirement of Mr. Bruce Clarke, and from 1889–1893 was Demonstrator of Practical Surgery. He found time to give, with Dr. Vincent Harris, the first classes in Bacteriology in 1890, 1891, and 1892.

In 1891 he retired from the dissecting room and held the post of Surgical Registrar till he was appointed Assistant Surgeon in 1892. From 1897 to 1899 he was Lecturer on Descriptive and Surgical Anatomy, and in 1903 became Surgeon to the Hospital owing to the death of Mr. Walsham, and gave clinical lectures on general surgery which attracted a large attendance and were marked by great originality.

In 1912 he resigned the Surgeoncy, and was elected Consulting Surgeon to the Hospital.

Lockwood was attached to the Great Northern Hospital from 1882 to 1899, and took a great part in the removal and establishing of the hospital at Holloway. During these seventeen years he worked systematically and scientifically at the practice of surgery. He was from the beginning a careful and excellent operator, and his wards were always kept at the extreme height of surgical cleanliness.

Here in the small Hospital Museum which was fitted up as a laboratory for him, he arrived at the conclusions enunciated in his work on *Aseptic Surgery*. He was also instrumental in forming the North London Medical and Chirurgical Society.

Lockwood at the commencement of his career was for some time much interested in eye work, and was clinical assistant to Mr. Waren Tay at the Royal London Ophthalmic Hospital. His first important work was on *The Anatomy of the Muscles, Ligaments, and Fasciæ of the Orbit*, which is still a standard work on the subject.

At the Royal College of Surgeons he held many posts ; in 1887, 1888, 1889 he was Hunterian Professor of Anatomy, and again in 1895. His lectures in 1887 were on "The Development and Transition of the Testicles, Normal and Abnormal" (*Brit. Med. Journ.*, 1887, i. p. 444); in 1888, "On Development of the Organs of Circulation and Respiration, including the Pericardium, Diaphragm, and Great Veins" (*Brit. Med. Journ.*, 1888, i. p. 731); in 1889, on "The Morbid Anatomy, Pathology, and Treatment of Hernia"; and in 1895 on "Traumatic Infection."

He was Examiner in Anatomy at the Fellowship Examination, and in 1908 was elected Member of the Council, holding the position till his death.

He took great interest in, and was for some years a constant attendant at, the principal Medical Societies.

In 1904 he gave the Lettsomian Lectures at the Medical Society on "Aseptic Surgery in Theory and Practice."

In 1908, as President of the Medical Society, he chose as his address, "The Stress and Strain of Modern Surgery." In it he referred to the great strain on the surgeon of modern operations and the risks run by infection—a prophetic utterance.

It was greatly owing to his exertions that the Anatomical Society was formed, of which he was the first Secretary and afterwards President. He was also President of the Harveian Society.

Having thus given the outline of his career, it seems best here to consider the man as regards his life's work for our Hospital.

At the beginning stands out the work done at the zenith of his powers in our dissecting rooms. It was during his ten years' work in the dissecting room that Lockwood laid the sure foundation of his surgical success.

From 1882 till 1891 I was his colleague in the dissecting room, and got to know him well and to appreciate his true worth. These were hard years for us all, as practically the whole arrangements of the dissecting room and the department had to be remodelled. In 1881 and 1882 the number of students attending the rooms reached the highest number known, and the large new bare dissecting room had to be furnished and arranged. This was done by Bruce Clarke and Lockwood, working always as one man and sparing no pains or expense. It was a pleasure to the juniors to work with such chiefs, and our dissecting room became the most perfect in London, and helped greatly in attracting men to the old Hospital. It was the aim of the department throughout to institute a friendship between the students and the demonstrators. The room was divided off into sections, and the demonstrator in charge was responsible for the men in his section. A book kept by the Senior Demonstrator contained not exactly the life history but the "room" history of each man, and this, combined with tact in management of the Discipline Committee, improved greatly the *moral* of the students.

Shelves were put up round the gallery to enable weekly written examinations to be held and the papers corrected with the students. Lockwood instituted dissected specimens to be kept for the student to read up his part by. A cupboard was provided to keep bones to lend to the students, and frozen sections of the body were made and kept in basins.

One of the most important innovations was the course of demonstrations on Advanced Anatomy, which really amounted to carefully prepared original lectures. These classes contributed

more than anything else to our marked success in the First F.R.C.S. examinations. Lockwood was not a great lecturer owing to a certain nervousness in delivery, but he was a perfect demonstrator. He was working a great deal at embryology, and made these lectures extremely interesting and original on these points. He also had specimens and dissections carefully prepared to illustrate every point and to enable him to actually show them to the student.

Lockwood was always thorough with anything he took up, and during the ten years in the dissecting room never neglected his work, and was always punctual for his appointments. The atmosphere of the rooms never suited his health, and impaired his digestion to such an extent as to render him a confirmed dyspeptic.

It is almost impossible to grasp how he managed to find the time to get so much done. Besides the three or four hours a day devoted entirely to teaching in the dissecting room, he had operative surgery classes, private classes, and his work as surgeon to the Great Northern Hospital. During all this time he was also doing original work of a high order, as shown by his papers at the Royal Society and elsewhere.

In order to do his work on the peritoneum he taught himself the methods of embryology. He commenced with little knowledge of histology and none of embryology, but in a short time became quite a good embryologist. It was this dogged perseverance and mastering of careful detail which made him the bacteriologist he was, and enabled him to do his important work on *Aseptic Surgery*.

At this time there had been great stagnation in appointments on the surgical and medical sides, and the aspirants to these positions were stimulated to great exertion, resulting in an output of high-class original work.¹

The Fellowship of the Royal Society had been given to so many of the leading men at the hospitals for research, which often was hardly scientific, that it became as difficult for a medical man to enter its portals as for the proverbial camel to pass through the eye of a needle.

As said before, he was a perfect demonstrator of anatomy, and always made his pupils see the things for themselves. As a dissector he was unrivalled, and ever delighted and ready to help a man really needing this help. If a student asked him a question he would say "Come and see," and go round the rooms

¹ At the College of Surgeons in one year there were three of the younger men Hunterian Professors of Anatomy.

till he found the answer on a part. He hated shallowness, and "the average man" became a favourite saying and inspired the poet of the day to write a characteristic jingle.

One way he had of disposing of the attentions of the average man was the question, "Is your knife sharp? I thought it was not. Come along and learn how to sharpen it before you go on with your dissection."

His cynical manner was largely due to ill-health, overwork, and the hard fight for success.

Always conscious of his own ability and powers, he conquered all along the line. His original work at this time ought to have been crowned with the blue ribbon of science, the F.R.S.

In his rooms at Serjeants' Inn he was always a capital host, and gathered round him many literary, artistic, and musical friends.

It was during the dissecting room days that his week ends were spent investigating the mouth of the Thames and the Medway on board a small sailing boat, and nothing delighted him more than to share the simple life with friends and observe their sea-going capacity.

Dr. Lewis Jones, his partner in the little *Teal*, a sailing boat of $3\frac{1}{2}$ tons, brought out a book called *Swin, Swale, and Swatchway*. It is a most delightful record of cruises down the Thames, the Medway and the Essex rivers, and was published in 1892.

Lockwood's life was throughout a very strenuous one, and he succeeded owing to natural ability, determination, and care for detail. At the beginning he had only a moderate school education, but after leaving school carefully educated himself, and became exceedingly well informed on general subjects. At one time he had an extraordinary enthusiasm for Napoleon, and worked out his great battles with such care and intelligence that he could hold his own with military strategists; another year it was Julius Cæsar; and all this exact knowledge was a holiday task. He also studied logic, and was fond of quoting Jevons and Mill. This inquiring mind very often frightened people by the number of questions. He was also shy by nature, as many other leaders, and in consequence was often much misunderstood. His natural reserve did not encourage many friendships, but once this reserve was penetrated he became the true and loyal friend. He, like many of us, had a great admiration, amounting almost to a cult, for Sir William Savory, whom he copied in his quick, short, and often perfect answers. Both had strong, fine, handsome features, and both were original in their utterances. They differed greatly in their teachings—Sir William orthodox

and a firm believer in the Principles of Surgery, Lockwood heterodox and taking nothing for granted, especially traditions. He is known to many as a phrase-maker, and many are the sayings credited to him. I may mention the following as perhaps original:—

“It is one thing to know, and another thing to impart your knowledge to others.”

“The best text-books are the patients in the out-patient rooms and wards of the Hospital.”

“We enter the temple of science through the portals of doubt.”

As a surgeon he combined the rare qualities of a bold yet safe operator with those of a good clinician—the former gained from his long apprenticeship in the dissecting room, and the latter from his scientific accuracy and memory for detail. This memory was at times quite remarkable, and always ready at hand. As years go by this clinical *tactus* is fast disappearing, and it behoves every surgeon to endeavour, like Lockwood, to keep it alive and to discount the knowledge acquired from the modern cram text-book.

His prognosis in a case was always very valuable and is illustrated by the saying of one of his ward sisters: “Whether it’s because he knows more than anybody else or whether it’s because things happen simply because he wishes them to happen, he is always right.”

No one ever enjoyed his work as Surgeon to the Hospital more, and it has been given to few better to impress common sense on the dressers and students.

He was continually instilling into his students the necessity of remembering the many things that are within one’s own control: “It behoves all of us, at the very beginning, to think out what things surgical are in our control, and what things surgical are not in our control. If we have thought the matter out, and have come to the conclusion that certain things are within our own control, then there is a chance of our controlling them; but if we have never thought that problem out there will be no control, and no direction of things within our control. Our own thoughts, our own education, our own actions, our own conduct, the organisation and the management of our cases are things under our control.”

He attracted always a large attendance at his lectures, which were exceedingly good in the material and care displayed on them. They were attractive from the incisiveness of their delivery, their sound common-sense reasoning, and valuable clinical

facts and suggestions. His natural shyness prevented his being an orator, and rendered their delivery at times halting and involved. Of all his writings, *Clinical Lectures* perhaps are most characteristic of the original observation, dogmatism, and enthusiasm of the man. But he will ever be remembered by his book on *Aseptic Surgery*, and the careful, laborious, and scientific methods employed to arrive at his deductions.

Lockwood was rigidly upright and just in his dealings, and under the sarcastic mask was a heart of gold. He never lost self-control, and all his doings and sayings were deliberately calculated with sure reason. Even in a minority of one, he would stick to his point if he really thought his view of the case correct.

As a colleague he was always loyal, as he was to the profession. He had extreme views on asepsis, and sometimes could not control his feelings from conviction of the truth of his case. He was always ready to do a kindness and to help anyone in trouble.

In the matter of rebuilding the Hospital he took up a very strong attitude, and was perfectly right in his contentions. It would certainly have been the best thing to rebuild altogether, but the enormous expense made it impossible. If he had lived, the matter would have assuredly come up again, as it would have seemed to him impossible to combat what he held to be the septic condition of the east wing wards without pulling the whole block down.

His power of concentration on his work was great, and no point was too trivial in arriving at the solution of a case or theory. It was this accurate observation that gave his surgical opinion so much weight.

Towards the end of his active Hospital life he suffered greatly from neuritis and the overwork of an operating general surgeon; the conditions were described in his Presidential Address at the Medical Society on "The Stress and Strain of Modern Surgery."

The increasing number of surgical operations, their exacting detail and often great length, is commented on, and also the limitation, owing to want of time in clinical teaching: "If English surgery is to maintain its position, surely those who are the makers of it must have sufficient time and leisure to think, to do scientific work, and to record their achievements."

Probably no one has a better chance of estimating the work of a surgeon than his house surgeon, and I append the following paragraphs from the hands of one of his house surgeons (*St. Bartholomew's Hospital Journal*, vol. xxii. p. 44):—

“I suppose Mr. Lockwood was at the height of his fame when my acquaintance with him began. I do not mean to imply that subsequently he declined in skill or in eminence: his special qualities remained unimpaired so long as his association with the Hospital continued; his beautiful technique never deteriorated, his thoroughness in no way diminished. But more and more he exhibited signs of the effects which a long and particularly strenuous career had produced even on his splendid physique. The strain of a heavy afternoon in the theatre left him not merely exhausted but actually prostrated; for, however much he was the victim of failing strength, his determination remained undaunted. ‘Either I or this patient gets carried out of the theatre,’ he would say, ‘but this operation shall get finished.’ And each of his house surgeons vies with the other in descriptions of ‘the most extensive operation ever performed, one in which *I* assisted Mr. Lockwood.’

“I know I take my life in my hands in making so bold an assertion, but in all honesty I believe that his house surgery and dresserships were always far more strenuous appointments than those of his contemporaries. More than once it was ironically pointed out that members of ‘the great aseptic firm’ themselves became septic far more frequently than the rest of the Hospital. Mr. Lockwood set the standard, and you followed unquestioningly. He had never known what it was to spare himself, and you could hardly be expected to hesitate when he led the way: your own hands might be raw to the bone through scrubbing and antiseptic applications in your patients’ interests, but your duty to a patient under your care was too sacred a trust for your own precious skin to be thought about.

“And in every detail he set his 100 per cent. standard. No half-marks were allowed. *Aut Cæsar, aut nullus*; you succeeded entirely—or you failed. Excuses were anathema to him. You might have been on full duty during the week end, but your routine work had also to be done satisfactorily. And after all you are bound to admit to yourself that it could be done providing that you were willing to follow his example and work for twenty-four hours in the day if occasion demanded.

“I think that his general attitude towards his house surgeon was of greater value than most people realised. To him you were emphatically the man in charge. You always had an impression that he was ever watching you from under half-closed lids as it were, forcing you to do the thing by yourself, only stepping in to help when you were obviously at the end of your resources or had deliberately hoisted the signal of distress, but

not until then. To a young and entirely inexperienced house surgeon the position was often terrifying. He imposed a great deal of responsibility—far more than some of his men felt able to bear. But it all had a motive; it was in order to build your character that he insisted upon his counsel of perfection and subjected you to the discipline of thinking for yourself and taking full command.

“Whatever may appear to the contrary in the preceding, he was a perfect master. He would frequently condemn those surgeons who harshly criticise their house surgeons for sending in trivialities. ‘Take no risks,’ he said to us, and perpetually he would reiterate that we had done quite right in admitting some ‘stumer’ about which we had been a little uneasy. Again, if you met him with the tale of a catastrophe which could be attributed to your lack of skill or experience, he would never censure. ‘I will never blame you so long as you do your best’; or again, in even kinder vein, and putting his hand on your shoulder, ‘My dear boy, I began surgery myself once.’”

Another estimate of our late colleague is from the pen of Dr. Christopher Addison, M.P., who was our Lecturer on Anatomy for some years (*Brit. Med. Journ.*, 1914, ii. p. 904):—

“Mr. Lockwood is dead, and I am grateful to be allowed, as a former pupil, to say a word in his honour. His memory will live, not so much in the course and incidents of his career as in the minds of those whom he taught, and in the abiding influence of his example. It is rare to find a man whose theory and practice went so clearly and consistently together as did his. He did not take things for granted, for, although he respected tradition and authority, he was not led by them. He investigated facts for himself, and applied his findings in the practice of surgery locally and without misgiving. He was singularly accurate and painstaking in his observations, and very faithful to the truth as he found it, whether it accorded well or ill with his previous experiences and impressions. His work on hernia is perhaps a classical example of careful and precise observation, and of clear statement of the principles of practice to which they led, but it was probably in his work on aseptic surgery that his character and high qualities were best revealed. With patience and with infinite labour he gradually built up a system of skilled and exact art based on principles truly scientific and carefully acquired. For all his scrupulous care in the examination of essential detail, he always had clearly before him that wider view by which he kept things in their place, recognising their true proportion and knowing what was immaterial and what was not. In his life and later

work all who knew him well could recognise the influence of those earlier and original studies of anatomy on which his reputation was first acquired. It cannot be said that Mr. Lockwood endured fools gladly, for his mind had a wide scope and he was impatient of trivialities. But those who were permitted to enjoy the priceless privilege of his friendship knew well how affectionate and generous his nature was. He showed men how to help themselves, and stimulated them to do it. He drew out those who made their best endeavours, pointed out the way, and so gave them an education of the best and most enduring kind. It is a joy to render homage to such a master—a bright example of the best in British surgery, and one whose influence on the lives of those he taught is growing always and reaching out to others, bringing thereby to him that ceaseless and unconscious tribute which is the lasting treasure of greatness.”

He married rather late in life, and then became a totally changed man. The happy family life, lasting seven years, took away the outward caustic veneer, and he was absolutely happy and content surrounded by his wife and three children. Anyone present at the annual students’ dinner on October 3, 1910, when he was in the chair, will remember the radiant smile that lit up his face when a friend present proposed the toast of “George,” his first child—a few months old.

On April 17, 1912, a dinner was given to him by the old house surgeons of the Pink Firm, and nearly all were present. Three of the present senior staff, Messrs. Harmer, Gask, and Rawling, were there, having been the three assistant surgeons during his nine years’ tenure of the full surgeoncy.

On leaving the active staff in 1912, owing to the great strain on his health, one hoped he would have had many years of work to continue his researches.

In June 1913 he began the Abernethian Midsummer Address on “Some things Surgical within our Control,” by saying, “I am very happy to be with you again. To me it was a horrid wrench to part from you. The teaching which I was called upon to do in this Hospital was the great pleasure of my life, and it is the part of my work which I intensely miss. But, after all, it is something to feel well and energetic again, for without health there cannot be any happiness.”

This improvement in health continued, and Lockwood seemed quite a different man, taking greater interest in his operating work and looking forward eventually to living more in the country. For this purpose he had bought a house at Instow, in Devonshire, and was delighted at the thought of living a country

life, as he had ever been keen on shooting and fishing. Always working at something original, he was employing his time on the subject of movable kidney up to his fatal illness.

On becoming Consulting Surgeon to the Hospital he was made a Governor, and took an active part in the management. He also frequently attended surgical consultations, where he was warmly welcomed by his colleagues, by whom his matured opinion was greatly esteemed. But life was not to be much prolonged after his severance with his old Hospital.

In October 1914 he was operating on a lady for appendicular peritonitis; the patient's state was grave, and necessitated speedy operative procedure, and in the hurry he pricked his finger when inserting a stitch. Signs of fever occurred the same evening, and he died of septicæmia after a grand fight of five weeks.

To Mr. Rawling, who was his assistant surgeon for years and attended him in his last illness, I am indebted for the following:—

“His five weeks of illness were typical of the man. No one knew better than himself the risks that he ran. Those who attended to him were daily asked such questions as demanded a direct answer, and yet which were most difficult to avoid—How many culture tubes had grown, after what duration? What was the blood count, how much albumin in the urine, pulse-rate, condition of lungs, &c.? Now and again there was a day of great irritability, invariably followed, and more than compensated for, by days of such sweetness of temperament as melted all hearts. After his last operation he knew that the fight was over. He turned his face to the wall and died bravely.”

A funeral service held in the Church of St. Bartholomew the Less on Wednesday, Nov. 11, 1914, was attended by the principal officers, staff, nurses, and students, when an address was given by the Hospitaller.

He was buried at Instow, on the North Devon coast, on Nov. 12, 1914, and here he lies close to the sea he loved so well.

W. H. H. J.

BIBLIOGRAPHY

- 1879. “Measurements of Male Urethra,” *St. Bart. Hosp. Reports*, xv. p. 157.
- 1880. “Cases of Syphilis,” *St. Bart. Hosp. Reports*, xvi. p. 277.
- 1882. “On Abnormalities of the Cæcum and Colon with reference to Development,” *Brit. Med. Journ.*, 1882, ii. p. 547.
- 1883. “On Abnormalities of the Colon as a Cause of Unsuccessful Colotomy,” *St. Bart. Hosp. Reports*, xix. p. 235.
- 1883. With W. Bruce Clarke. “*The Dissector's Manual*,” Cassell & Co.
- 1884. “The Development of the Arteries of the Abdomen and their Relation to the Peritoneum (Nov. 18, 1884),” *Proc. Roy. Soc.* 238, 1885.

1885. "On Syphilis," St. Bart. Hosp. Reports, xxi. p. 240.
1885. "The Anatomy of the Muscles, Ligaments and Fasciæ of the Orbit, including an account of the Capsule of Tenon, the Check Ligaments of the Recti and of the Suspensory Ligament of the Eye," Journal of Anatomy and Physiology, vol. xx. p. 1.
1886. "The Morbid Anatomy and Pathology of Encysted and Infantile Hernia" (Adlard).
1887. "The Development and Transition of the Testicles, Normal and Abnormal," Brit. Med. Journ., 1887, i. p. 444.
1888. "The Early Development of the Pericardium, Diaphragm, and Great Veins," Philosophical Transactions of Royal Society, vol. clxxix. (1888), B., pp. 365-384.
1888. "Hunterian Lectures on Development and Transition of the Testis, Normal and Abnormal" (Williams and Norgate).
1889. "Hunterian Lectures on Morbid Anatomy, Pathology, and Treatment of Hernia" (Lewis).
1890. "Preliminary Report on Aseptic and Septic Surgical Cases, including Traumatic Tetanus, Gangrene, and Acute Epiphysitis," Brit. Med. Journ., 1890, ii. p. 943.
1892. "Further Report on Aseptic and Septic Surgical Cases with special reference to Infection from the Skin," Brit. Med. Journ., 1892, i. p. 1127.
1893. "The Radical Cure of Femoral and Inguinal Hernia," Lancet, 1893, ii. p. 1297.
1895. "Cases of Syphilis," St. Bart. Hosp. Reports, xxi. p. 225.
1895. "Treves' System of Surgery," Articles on Erysipelas, Pyæmia, Tetanus and Tetany, Burns and Scalds.
"On Hernia," St. Bart. Hosp. Reports, xxvi. p. 312.
1896. "Hunterian Lectures on Traumatic Infection" (Pentland).
1896. "In Memoriam. Sir George Murray Humphry," St. Bart. Hosp. Reports, xxxii. p. xxxi.
1896. "Aseptic Surgery," 3rd edition, 1909 (Pentland).
1898. "The Radical Cure of Hernia, Hydrocele, and Varicocele" (Pentland).
1901. "Appendicitis: Its Pathology and Surgery," 2nd edition, 1906 (Macmillan).
1904. "Aseptic Surgery in Theory and Practice," Lettsomian Lectures (Harrison).
1904. "Clinical Surgery," 2nd edition, 1911.
1907. "Allbutt and Rolleston's System of Medicine"—Art. Appendicitis.
1913. "In Memoriam. Sir Henry Trentham Butlin, Bart.," St. Bart. Hosp. Reports, xlvii. p. 1.
1913. "Cancer of the Breast. An Experience of a Series of Operations and their Results," Oxford Medical Publications.
1913. "Some Things Surgical within our Control," St. Bartholomew's Hospital Journal, vol. xx. p. 190.

